



# OFFICE *of* ADMINISTRATION

## AUTHORIZED SIGNATURES

### DEPARTMENT OF REVENUE - KANSAS CITY LICENSE AGENT

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	O'Byrne	Sean		615 E. 13th Street, Suite 111	Kansas City, MO	KansasCityAO@dor.mo.gov	816-421-5243
AA	Barragan-Scott	Alana	Director	Truman Building Room 670	Jefferson City, MO 65102	alana.barragan-scott@dor.mo.gov	573-751-5671

\*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT